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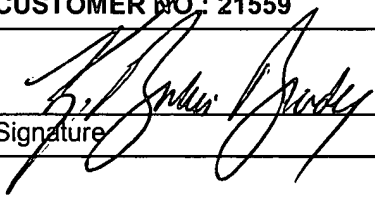
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50218/002004
Applicant	Fahri Saatcioglu
Title	DIFFERENTIALLY EXPRESSED GENES IN PROSTATE CANCER
PRIORITY INFORMATION:	
This application is a Continuation application of and claims priority to U.S.S.N. 09/743,682, filed January 10, 2001, which is the U.S. National Stage of International Application No. PCT/IB00/00673, filed May 19, 2000, and which claims the benefit of U.S. provisional application number 60/135,325, filed May 20, 1999, and U.S. provisional application number 60/135,333 filed May 20, 1999, all of which are incorporated herein by reference in their entirety.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	25 pages
Claims	2 pages
Abstract	1 page
Drawings	4 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/743,682 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	2 pages
Sequence Listing on Paper	11 pages
Sequence Listing on Diskette	
Preliminary Amendment	3 pages
Information Disclosure Statement	
Form PTO 1449	
Cited References	

Recordation Form Cover Sheet and Assignment	
English Translation	
Certified Copy of Priority Document	
Non-publication Request under 35 U.S.C. § 122(b).	
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	
A Small Entity Statement	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 14 -20 x \$9	\$0.00
Excess Independent Claims Fee: 1 -3 x 43	\$0.00
Multiple Dependent Claims Fee: \$290/\$145	
Total Fees:	\$385.00
<input checked="" type="checkbox"/> Enclosed is a check for \$385.00 to cover the total fees. <input type="checkbox"/> Charge to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Telephone: 617-428-0200 Facsimile: 617-428-7045	
CUSTOMER NO. : 21559	
 Signature	December 1, 2003 Date